



CITY OF SAINT PAUL
Department of Safety and Inspections
Fire Safety Inspection Division
375 Jackson St. Suite 220

**FIRE SUPPRESSION INSPECTION
REQUEST FORM**

Revised September 2015

**Complete all areas of this form and fax to:
Saint Paul Fire Safety Inspection at 651-266-8951
Or email to DSI-EG@ci.stpaul.mn.us**

No fax cover sheet is required when faxing this form.

An inspector will contact you within 48 hours of receiving this request to confirm inspection date and time. Once an inspector has been assigned to this project, they will continue with all of the inspections as needed.

Date Requested:_____

Requested By:_____

Company Name:_____

Phone Number:_____

Address of Project:_____
(Include Type: Ave., St., Blvd., and direction N, S, E, W)

Name of Project:_____

Permit Number:_____

To Be Filled Out By Fire & Safety Services:

Inspector Assigned:_____

Date/Time of Inspection:_____